

## Proposed relocation of Cardiology Services

### Q & A from 02/09/21

#### **What is High Telemetry?**

This is heart monitoring that requires 3 leads to be attached to the patient's chest and is monitored remotely from the nurses' station. This is generally used for patients who are quite poorly.

#### **What is Endocrine?**

Endocrine, or Endocrinology is the branch of biology dealing with the endocrine glands and their secretions (hormones), especially in relation to their processes or functions, and includes diabetes.

#### **What is a Cath Lab?**

A lot of cardiology intervention, keyhole surgery carried under local anaesthetic, is undertaken under X-ray guidance and this is carried out in a specialist room which has E-ray equipment as well as the other facilities available in an operating theatre. We refer to this a Cath lab. Procedures carried out here include pacemakers and diagnostic work. Patients requiring stents go out of county.

#### **Would the move of Cardiology services affect the Trauma status of Royal Shrewsbury Hospital?**

RSH is not a major Trauma Centre, and as such it receives lower level trauma work which is generally bone based or Orthopaedic so there is no need to have a Cardiology consultant on the trauma site (RSH). Major trauma goes directly to University Hospital North Midlands in Stoke or to Wolverhampton.

#### **As well as the Stakeholder Engagement, will there be any engagement with current patients who are going through the service at the moment?**

We are very happy to attend local meetings to go through the information shared today and would like to ask everyone to send information about local organisations that offer support to Cardiology patients to the engagement team –

[sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)

#### **Will this move consolidate staffing better on one site, or will you still require additional staff following the move?**

There aren't many Cardiologists available and we struggle to recruit both doctors and nurses in Shropshire. Dr Tom Ingram (Consultant Cardiologist) said that he is very concerned about the fragility of the service and wanted to make it clear that the Trust may have to go to one site without notice if there are patient safety concerns in the service. Julia Clarke (Director of Public Participation) confirmed that we would make the move immediately should there be clinical safety issues.

#### **What is the implication of a reduction in beds in the Cardiology Service?**

If the service is on one site, we may not need the number of beds in the model. We expect inpatient length of stays to be reduced as patients (previously admitted to RSH) will not have to wait for a bed or specialist transport to become available at PRH for diagnostic or interventional procedures. With the move of cardiology inpatient beds to PRH, the beds at RSH will be used by general medicine, which will help the patient flow through A&E.

**What will happen to the Rehab service at RSH?**

The Rehab service is vital for patients when they are discharged and there are no plans to move this from Royal Shrewsbury Hospital.

**Do you know when this is likely to go to Trust Board for a decision?**

It has been discussed previously, and will go to Board as soon as possible. We will let you know confirmed timescales as soon as we have them.